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	PLACE OF BIRTH	ARIZONA	A STATE	BOARD	OF HEAL	TH
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		ORIGINAL CE	RTIFICATE	OF BIRTH	Co. Register I	No. [5
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	E OF CHILD Chant	SEW O				NO NO
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	FATHER OLL		Full Maiden	MOTHER	1921	
	ituli Off Co	wer	Name Residence	03ephine	NOV_	
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	Age at las Birthda	y <u> </u>	Color or Race	Mean Lan	Age at last 2 Birthday.	(/ (Years)
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	eupation 1	mess with	Occupation	Hone -		
	=		<u></u>		- A Oulub Lie account come)	
stra	Number of child of this mother. Number of children, of this mother, now living Were precautions taken against Ophthalmia neonatorum?					
Registrar	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
local]	I hereby certify that I attended the birth (*When there is no attending physi		d that it occurre	le, s	2 (0) 2	
	cian or midwife, then the householder should make this return.	·}	(Signature)	(Attending phys	sician, midwife, hous	eholder.*)
each	Given or christian name added from	a /	Jucatr	108 M	stone a	m
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Midwife	229-116-127	Filed 2/9	191.6	e Copy	COUNTY REGIS	TD A D
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